

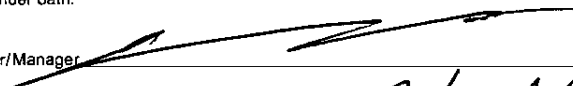


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 2004 JAN 16 PM 3:36 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> L02000005765				
<b>1. Limited Liability Company's Name</b> 721 U.S. HWY 1, L.L.C.				
<b>2. Principal Office Address</b> 721 US HWY One Suite, Apt. #, etc. 215 City & State North Palm Bch, FL Zip 33408 Country US		<b>3. Mailing Office Address</b> 721 US HWY One Suite, Apt. #, etc. 215 City & State North Palm Bch FL Zip 33408 Country US		
<b>4. State/Country of Formation</b> Florida		<b>5. Date Organized or Qualified To Do Business in Florida</b> 3/12/02		
<b>6. FEI Number</b> 010680824		<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>		
<b>8. Name and Address of Current Registered Agent</b>				
Name Calvin A. Wantland				
Street Address (P.O. Box Number is Not Acceptable) 721 U.S. HWY 1				
Suite, Apt. #, Etc. 215				
City North Palm Beach		State FL	Zip Code 33408	
<b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b>				
Signature of Registered Agent 		Date 1/12/04		
<b>REGISTERED AGENT MUST SIGN</b>				
<b>10. Names and Street Addresses of Managing Members/Managers</b>				
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	
MEM	William P. McNee III	721 US HWY 1 #215	North Palm Bch FL 33408	
MEM	Calvin A. Wantland	721 US HWY 1 #215	North Palm Bch FL 33408	
<b>REINSTATEMENT 2003-04</b>				
<b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>				
Signature of Managing Member/Manager 		Date 1/12/04 Daytime Phone # 561-881-1631		
Typed or printed name of signing Managing Member/Manager Calvin A. Wantland				

CR2E041 (10/02)